

09/937649

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 - ..... Allowed  
 (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	7/6/82	
2	✓	11/17/82	
3	✓	5/2/83	
4	✓	7/9/83	
5	✓		
6	✓		
7	✓		
8	✓		
9	✓		
10	✓		
11	✓		
12	✓		
13	✓		
14	✓		
15	✓		
16	✓		
17	✓		
18	✓		
19	✓		
20	✓		
21	✓		
22	✓		
23	✓		
24	✓		
25	✓		
26	✓		
27	✓		
28	✓		
29	✓		
30	✓		
31	✓		
32	✓		
33	✓		
34	✓		
35	✓		
36	✓		
37	✓		
38	✓		
39	✓		
40	✓		
41	✓		
42	✓		
43	✓		
44	✓		
45	✓		
46	✓		
47	✓		
48	✓		
49	✓		
50	✓		

Claim	Final	Original	Date
51	✓	11/10/83	
52	✓		
53	✓		
54	✓		
55	✓		
56	✓		
57	✓		
58	✓		
59	✓		
60	✓		
61	✓		
62	✓		
63	✓		
64	✓		
65	✓		
66	✓		
67	✓		
68	✓		
69	✓		
70	✓		
71	✓		
72	✓		
73	✓		
74	✓		
75	✓		
76	✓		
77	✓		
78	✓		
79	✓		
80	✓		
81	✓		
82	✓		
83	✓		
84	✓		
85	✓		
86	✓		
87	✓		
88	✓		
89	✓		
90	✓		
91	✓		
92	✓		
93	✓		
94	✓		
95	✓		
96	✓		
97	✓		
98	✓		
99	✓		
100	✓		

Claim	Final	Original	Date
101	✓		
102	✓		
103	✓		
104	✓		
105	✓		
106	✓		
107	✓		
108	✓		
109	✓		
110	✓		
111	✓		
112	✓		
113	✓		
114	✓		
115	✓		
116	✓		
117	✓		
118	✓		
119	✓		
120	✓		
121	✓		
122	✓		
123	✓		
124	✓		
125	✓		
126	✓		
127	✓		
128	✓		
129	✓		
130	✓		
131	✓		
132	✓		
133	✓		
134	✓		
135	✓		
136	✓		
137	✓		
138	✓		
139	✓		
140	✓		
141	✓		
142	✓		
143	✓		
144	✓		
145	✓		
146	✓		
147	✓		
148	✓		
149	✓		
150	✓		

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)